

110TH CONGRESS
1ST SESSION

S. 1044

To improve the medical care of members of the Armed Forces and veterans,
and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 29, 2007

Mr. BIDEN introduced the following bill; which was read twice and referred
to the Committee on Armed Services

A BILL

To improve the medical care of members of the Armed
Forces and veterans, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Effective Care for the
5 Armed Forces and Veterans Act of 2007”.

6 **SEC. 2. PROHIBITION ON COMPETITIVE SOURCING OF CER-**
7 **TAIN ACTIVITIES AT MEDICAL FACILITIES OF**
8 **THE DEPARTMENT OF DEFENSE.**

9 (a) FINDINGS.—Congress finds the following:

1 (1) The health and recovery of wounded mem-
 2 bers of the Armed Forces may be risked by competi-
 3 tive sourcing of services at military medical facilities.

4 (2) The provision of medical services to mem-
 5 bers and former members of the Armed Forces who
 6 were injured while serving in Operation Iraqi Free-
 7 dom or Operation Enduring Freedom is a basic serv-
 8 ice that is the responsibility of the Government and
 9 any disruption is unacceptable when it risks the
 10 health of veterans and members of the Armed
 11 Forces.

12 (3) The Department of Defense has attempted
 13 to implement competitive sourcing of services at
 14 military medical facilities despite the fact that doing
 15 so provides no improvement in the efficiency or ef-
 16 fectiveness of such services.

17 (b) PROHIBITION ON INITIATION OF COMPETITIVE
 18 SOURCING ACTIVITIES AT MEDICAL FACILITIES OF DE-
 19 PARTMENT OF DEFENSE DURING PERIOD OF MAJOR
 20 MILITARY CONFLICT.—

21 (1) IN GENERAL.—Except as provided in para-
 22 graph (2), during a period in which the Armed
 23 Forces are involved in a major military conflict, the
 24 Secretary of Defense shall not take any action under
 25 the Office of Management and Budget Circular A—

1 76 or any other similar administrative regulation, di-
2 rective, or policy—

3 (A) to subject work performed by an em-
4 ployee of a medical facility of the Department
5 of Defense or employee of a private contractor
6 of such a medical facility to public-private com-
7 petition; or

8 (B) to convert such employee or the work
9 performed by such employee to private con-
10 tractor performance.

11 (2) EXCEPTION TO PREVENT NEGATIVE IMPACT
12 ON PROVISION OF SERVICES.—Paragraph (1) shall
13 not apply to any action at a medical facility of the
14 Department of Defense if the Secretary of Defense
15 certifies to Congress that not initiating such action
16 during such period would have a negative impact on
17 the provision of services at such military medical fa-
18 cility.

19 (c) STUDY ON COMPETITIVE SOURCING ACTIVITIES
20 AT MEDICAL FACILITIES OF DEPARTMENT OF DE-
21 FENSE.—The Comptroller General of the United States
22 shall assess the efficiency and advisability of subjecting
23 work performed by an employee of a medical facility of
24 the Department of Defense or a private contractor of such
25 a medical facility to public-private competition, or con-

1 verting such employee or the work performed by such em-
 2 ployee to private contractor performance, under the Office
 3 of Management and Budget Circular A-76 or any other
 4 similar administrative regulation, directive, or policy.

5 **SEC. 3. MINIMUM BUDGET FOR MEDICAL SERVICES OF THE**
 6 **ARMED FORCES DURING PERIOD OF MAJOR**
 7 **MILITARY CONFLICT.**

8 (a) FINDINGS.—Congress finds the following:

9 (1) Pressure to reduce the budget for the med-
 10 ical services of the Department of Defense has con-
 11 tributed to many of the current problems at Walter
 12 Reed Army Medical Center.

13 (2) It is inappropriate to reduce the budget for
 14 medical services of the Department of Defense or
 15 the Department of Veterans Affairs while such serv-
 16 ices are needed to treat members of the Armed
 17 Forces or veterans who were wounded in Iraq and
 18 Afghanistan.

19 (b) MINIMUM BUDGET FOR MEDICAL SERVICES.—

20 (1) IN GENERAL.—Except as provided in para-
 21 graph (2), if the Armed Forces are involved in a
 22 major military conflict at the time the President
 23 submits the budget for a fiscal year to Congress, the
 24 President shall not include in that budget a total ag-
 25 gregate amount allocated for medical services for the

1 Department of Defense and the Department of Vet-
2 erans Affairs that is less than the total aggregate
3 amount allocated for such purposes in the budget
4 submitted by the President to Congress for the pre-
5 vious fiscal year.

6 (2) EXCEPTION.—Paragraph (1) shall not
7 apply if the President—

8 (A) certifies to Congress that submitting a
9 total aggregate amount allocated for medical
10 services for the Department of Defense and the
11 Department of Veterans Affairs that is less
12 than that required under paragraph (1) is in
13 the national interest; and

14 (B) submits to Congress a report on the
15 reasons for the reduction described by subpara-
16 graph (A).

17 **SEC. 4. LIMITATION ON IMPLEMENTATION OF REC-**
18 **COMMENDATION TO CLOSE WALTER REED**
19 **ARMY MEDICAL CENTER.**

20 (a) FINDINGS.—Congress finds the following:

21 (1) The final recommendations of the Defense
22 Base Closure and Realignment Commission under
23 the 2005 round of defense base closure and realign-
24 ment include recommendations to close Walter Reed
25 Army Medical Center and to build new, modern fa-

1 facilities at the National Naval Medical Center at Be-
2 thesda and at Fort Belvoir to improve the overall
3 quality of and access to health care for members of
4 the Armed Forces.

5 (2) These recommendations include the transfer
6 of medical services from the Walter Reed Army
7 Medical Center to the National Naval Medical Cen-
8 ter at Bethesda and at Fort Belvoir, but they do not
9 adequately provide for housing for the families of
10 wounded members of the Armed Forces who will re-
11 ceive treatment at such new facilities.

12 (3) The recommended closure of the Walter
13 Reed Army Medical Center has impaired the ability
14 of the Secretary of Defense to attract the personnel
15 required to provide proper medical services at such
16 medical center.

17 (b) LIMITATION ON IMPLEMENTATION OF REC-
18 OMMENDATIONS.—The Secretary of Defense shall not
19 take any action to implement the recommendations of the
20 Defense Base Closure and Realignment Commission under
21 the 2005 round of defense base closure and realignment
22 relating to the transfer of medical services from Walter
23 Reed Army Medical Center to the National Naval Medical
24 Center at Bethesda and at Fort Belvoir during the period
25 beginning on the date of the enactment of this Act and

1 ending on the date that is 60 days after the date on which
2 Congress receives the plan required under subsection (c).

3 (c) PLAN REQUIRED.—Not later than one year after
4 the date of the enactment of this Act, the Secretary of
5 Defense shall submit to Congress a plan that includes an
6 assessment of the following:

7 (1) The feasibility and advisability of providing
8 current or prospective employees at Walter Reed
9 Army Medical Center a guarantee that their employ-
10 ment will continue in the Washington, DC, metro-
11 politan area for more than two years after the date
12 on which Walter Reed Army Medical Center is
13 closed.

14 (2) Detailed construction plans for new medical
15 facilities and family housing at the National Naval
16 Medical Center at Bethesda and at Fort Belvoir to
17 accommodate the transfer of medical services from
18 Walter Reed Army Medical Center to the National
19 Naval Medical Center at Bethesda and at Fort
20 Belvoir.

21 (3) The costs, feasibility, and advisability of
22 completing all of the construction planned for the
23 transfer of medical services from Walter Reed Army
24 Medical Center to the National Naval Medical Cen-
25 ter at Bethesda and at Fort Belvoir before any pa-

1 tients are transferred to such new facilities from
2 Walter Reed Army Medical Center as a result of the
3 recommendations of the Defense Base Closure and
4 Realignment Commission under the 2005 round of
5 defense base closure and realignment.

6 **SEC. 5. IMPROVING CASE MANAGEMENT SERVICES FOR**
7 **MEMBERS OF THE ARMED FORCES.**

8 (a) FINDINGS.—Congress makes the following find-
9 ings:

10 (1) Case managers are important for scheduling
11 appointments and making sure recovering
12 servicemembers get the care they need.

13 (2) Many case managers are overwhelmed by
14 the large number of wounded members of the Armed
15 Forces returning from deployment in Iraq and Af-
16 ghanistan.

17 (3) Regular contact between health care pro-
18 viders and members of the Armed Forces returning
19 from deployment is important for the diagnosis of
20 post traumatic stress disorder in such members.

21 (4) It is inappropriate to require a wounded
22 member of the Armed Forces or a family member of
23 such member to provide a photo or a medal from de-
24 ployment in Iraq or Afghanistan to prove that such

1 member served in and was injured from such deploy-
2 ment.

3 (5) Case managers are well qualified to assist
4 recovering servicemembers and their families with
5 the disability evaluation system and discharge proce-
6 dures of the Department of Defense.

7 (b) CASE MANAGERS.—

8 (1) IN GENERAL.—The Secretary of Defense
9 shall assign at least one case manager for every 20
10 recovering servicemembers to assist in the recovery
11 of such recovering servicemember.

12 (2) MINIMUM CONTACT.—The Secretary of De-
13 fense shall ensure that case managers contact each
14 of their assigned recovering servicemembers not less
15 than once per week.

16 (3) TRAINING.—The Secretary of Defense shall
17 ensure that case managers of the Department of De-
18 fense are familiar with the disability and discharge
19 system of the Department of Defense and that such
20 case managers are able to assist recovering
21 servicemembers complete necessary and related
22 forms.

23 (c) RECOVERING SERVICEMEMBER.—In this section,
24 the term “recovering servicemember” means a member of
25 the Armed Forces, including a member of the National

1 Guard or a Reserve, who is undergoing medical treatment,
2 recuperation, or therapy, or is otherwise in medical hold
3 or holdover status, for an injury, illness, or disease in-
4 curred or aggravated while on active duty in the Armed
5 Forces.

6 **SEC. 6. SCREENING FOR TRAUMATIC BRAIN INJURY.**

7 (a) FINDINGS.—Congress finds the following:

8 (1) Many of the members of the Armed Forces
9 deployed in Iraq and Afghanistan have brain inju-
10 ries.

11 (2) In many cases, such injuries are not diag-
12 nosed because there is no external indication of such
13 injury.

14 (3) The Secretary of Veterans Affairs carries
15 out programs to screen all recent combat veterans
16 for traumatic brain injury; the Secretary of Defense
17 does not do so.

18 (b) SCREENING REQUIRED.—The Secretary of De-
19 fense shall screen every member of the Armed Forces re-
20 turning from deployment in Operation Iraqi Freedom or
21 Operation Enduring Freedom for traumatic brain injury
22 upon the return of each such member.

23 (c) STUDIES ON TREATING TRAUMATIC BRAIN IN-
24 JURY AS PRESUMPTIVE CONDITION FOR DISABILITY COM-
25 PENSATION.—

1 (1) STUDY BY SECRETARY OF DEFENSE.—

2 (A) IN GENERAL.—The Secretary of De-
3 fense shall conduct a study on the feasibility
4 and advisability of treating traumatic brain in-
5 jury as a presumptive condition for members of
6 the Armed Forces who served in Operation
7 Iraqi Freedom or Operation Enduring Freedom
8 for the qualification for disability compensation
9 under laws administered by the Secretary of
10 Defense.

11 (B) REPORT.—Not later than 180 days
12 after the date of the enactment of this Act, the
13 Secretary of Defense shall submit to Congress
14 a report on the results of the study required by
15 subparagraph (A).

16 (2) STUDY BY SECRETARY OF VETERANS AF-
17 FAIRS.—

18 (A) IN GENERAL.—The Secretary of Vet-
19 erans Affairs shall conduct a study on the
20 feasibility and advisability of treating traumatic
21 brain injury as a presumptive condition for vet-
22 erans who served as members of the Armed
23 Forces in Operation Iraqi Freedom or Oper-
24 ation Enduring Freedom for the qualification

1 for disability compensation under laws adminis-
2 tered by the Secretary of Veterans Affairs.

3 (B) REPORT.—Not later than 180 days
4 after the date of the enactment of this Act, the
5 Secretary of Veterans Affairs shall submit to
6 Congress a report on the results of the study
7 required by subparagraph (A).

8 (3) STUDY BY DIRECTOR OF NATIONAL INSTI-
9 TUTES OF HEALTH.—

10 (A) IN GENERAL.—The Director of the
11 National Institutes of Health shall conduct a
12 study on traumatic brain injury, including the
13 detection of traumatic brain injury and the
14 measurement and classification of the severity
15 of traumatic brain injury.

16 (B) REPORT.—Not later than 180 days
17 after the date of the enactment of this Act, the
18 Director of the National Institutes of Health
19 shall submit to Congress a report on the results
20 of the study required by subparagraph (A).

1 **SEC. 7. REQUIRING MEDICAL RECORDS MANAGEMENT SYS-**
2 **TEMS OF DEPARTMENT OF DEFENSE TO COM-**
3 **MUNICATE WITH MEDICAL RECORDS MAN-**
4 **AGEMENT SYSTEMS OF DEPARTMENT OF**
5 **VETERANS AFFAIRS.**

6 (a) FINDINGS.—Congress makes the following find-
7 ings:

8 (1) The electronic transfer of medical records of
9 members of the Armed Forces from the medical
10 records management systems of the Department of
11 Defense to the medical records management systems
12 of the Department of Veterans Affairs would be pru-
13 dent.

14 (2) The Department of Veterans Affairs has
15 been a leader in the implementation of electronic
16 medical records management systems.

17 (b) ELECTRONIC COMMUNICATION BETWEEN MED-
18 ICAL RECORDS MANAGEMENT SYSTEMS REQUIRED.—

19 (1) IN GENERAL.—Not later than two years
20 after the date of the enactment of this Act, the Sec-
21 retary of Defense shall ensure that the medical
22 records management systems of the Department of
23 Defense are capable of transmitting medical records
24 to and receiving medical records from the medical
25 records management systems of the Department of
26 Veterans Affairs electronically.

1 (2) INITIATION OF ACTIVITIES.—Not later than
2 one year after the date of the enactment of this Act,
3 the Secretary of Defense shall begin any activities
4 required to meet the requirements of paragraph (1).

5 **SEC. 8. DEPARTMENT OF VETERANS AFFAIRS ASSESSMENT**
6 **OF LONG-TERM CARE NEEDS OF VETERANS.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

9 (1) Multiple studies show that, in the next five
10 years, the Department of Veterans Affairs will add
11 hundreds of thousands of new veterans to the med-
12 ical records management systems of the Department
13 of Veterans Affairs.

14 (2) During such period, many veterans will
15 have multiple medical care needs caused by complex
16 medical conditions.

17 (b) ASSESSMENT OF LONG-TERM CARE NEEDS.—
18 The Secretary of Veterans Affairs shall assess the current
19 ability of the Department of Veterans Affairs to meet
20 long-term care needs of veterans during the 50-year period
21 that begins on the date of the enactment of this Act.

22 (c) DETERMINATION OF ACTIONS REQUIRED TO
23 MEET LONG-TERM CARE NEEDS.—The Secretary of Vet-
24 erans Affairs shall determine what actions are required

1 to ensure that the needs described in subsection (b) are
2 satisfied.

3 (d) REPORT REQUIRED.—Not later than one year
4 after the date of the enactment of this Act, the Secretary
5 of Veterans Affairs shall submit to Congress a report on
6 the assessment required in subsection (b) and the deter-
7 mination required in subsection (c).

○